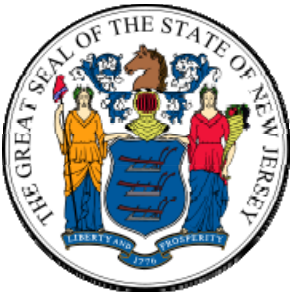


Board of Pharmacy

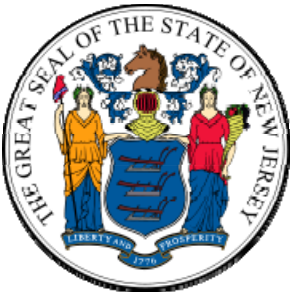
Pharmacist by Examination or Score Transfer Registration Instructions



Personal Information

- ☐ Fill out the applicant's birthdate and place of birth.
 - You must include a copy of your birth certificate with the application.
- ☐ Fill out the applicant's full name.
- ☐ Fill out the applicant's home, business, and mailing address.

Personal Information		Date of birth:		
		Month	Day	Year
		(You must include a copy of your birth certificate.)		
		Place of birth:		
		City	State	Country
1. Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name	First name	Middle initial
				(Maiden name)
2. Address				
<input type="checkbox"/> Home:	Street or P.O. Box	City	State	ZIP code
				Country
	Telephone number (include area code)		E-mail address	
<input type="checkbox"/> Business:	Name of company		Telephone number (include area code)	
	Street	City	State	ZIP code
				Country
<input type="checkbox"/> Mailing:	Street or P.O. Box	City	State	ZIP code
				Country



SSN & Citizenship / Immigration Status

- ☐ Provide your Social Security number. Failure to provide your Social Security number will result in denial/nonrenewal of registration.

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of registration.

*Social Security Number:

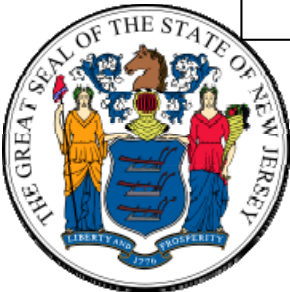
 - -

- ☐ Check whether you are a U.S. citizen, alien lawfully admitted for permanent residence in U.S., or have another immigration status.
 - If you are not a U.S. citizen, attach a copy of the front and back of your alien registration card or other documentation by the USCIS

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status



Medical Conditions

- ☐ Answer each question, a-f, by checking “Yes”, “No”, or “Not Applicable”.
- ☐ If you answer “Yes” to question f, note whether you are currently participating in a rehabilitation program, as detailed.
- ☐ Sign and date at the given lines.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

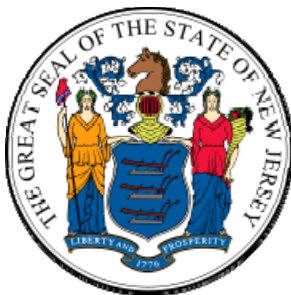
If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether unrestricted registration should be permitted, whether conditions should be imposed or whether you are not eligible for registration.

Signature

Applicant's signature

Date



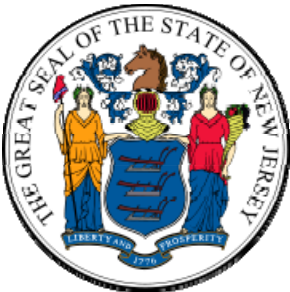
Additional Circumstances

- ☐ Complete questions 8 and 9 by checking "Yes" or "No" to whether the described circumstance is true for you. If you answer "Yes" to question 9, provide a copy of the judgment of conviction, release from parole or probation, and a complete explanation pm additional sheets of paper with the rest of this application.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)



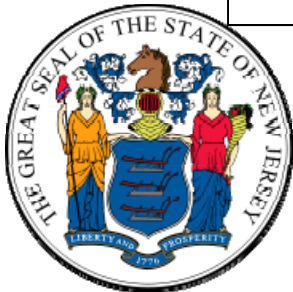
Other License, Certificate, Permit, or Registration

- ☐ Check whether you currently hold, or have ever held a professional license, certificate, permit, or registration in any jurisdiction.
- ☐ If the license or certificate was issued under a different name, provide that name.
- ☐ Provide the date(s) held and number(s) for each.

10. Do you currently hold, or have you ever held, a professional license, certificate, permit or registration of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license, certificate, permit or registration held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license, certificate, permit or registration	Number			
Type of license, certificate, permit or registration	Number			
Type of license, certificate, permit or registration	Number			
Type of license, certificate, permit or registration	Number			
Type of license, certificate, permit or registration	Number			

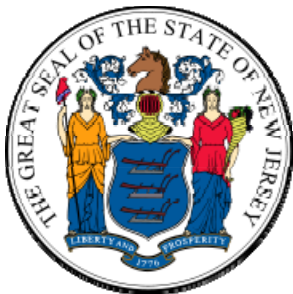


Additional Circumstances

- ❑ Answer questions 11-17 by checking “Yes” or “No” based on whether the statement is a circumstance applicable to you.
- ❑ If you answer “Yes” to any of the listed circumstances, attach a letter with the rest of your application explaining the circumstances of the action leading to your answer of “Yes”.

11. Have you ever been disciplined or denied a professional license, certificate, permit or registration of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Have you ever had a professional license, certificate, permit or registration of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever been named as a defendant in any litigation related to any prior practice as a pharmacy technician, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are you aware of any investigation pending against a professional license, certificate, permit or registration issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any prior practice as a pharmacy technician, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

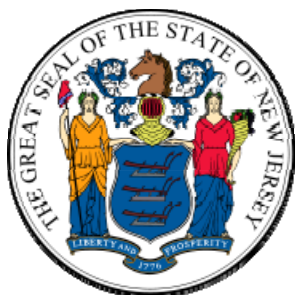


Education

- ❑ Complete questions 1-3 regarding your high school name, address, years attended, graduation status, and record of a GED, as applicable.
- ❑ If applicable, complete the name and address of the college or university you are currently attending.
- ❑ List all of the degrees you have received from recognized colleges or universities. In order to be given approval to take the NAPLEX and the MPJE, you must have your college or university

forward to the Board an official transcript showing the date of your graduation and the degree conferred.

1. What is the name and address of the high school you attended?				
Name of high school				
Street address	City	State	ZIP code	
2. What years did you attend high school?				
3. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what was the date of your graduation?				
Month		Year		
If "No," did you study to receive a G.E.D. certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.				
Name of educational institution				
Street address		City	State	ZIP code
Date certificate was issued				
4. If applicable, what is the name and address of the college or university you are currently attending?				
Name of college or university				
Street address		City	State	ZIP code
Name of college or university				
Street address		City	State	ZIP code
5. List all of the degrees that you have received from recognized colleges or universities. Please have each college or university forward to the Board the official transcript for each degree that you have earned.				
Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted



Affidavit

- ❑ The applicant must complete the affidavit before a notary public.
- ❑ Fill in the state and county in the first two blanks.
- ❑ Fill in the name of the applicant.
- ❑ Sign the affidavit at the signature line.
- ❑ Ensure that the affidavit is signed, dated, and sealed by the notary public.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

I, _____, in making this application to the Board of Pharmacy for registration under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Board of Pharmacy, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14-1 et seq., together with the Rules and Regulations of the Board of Pharmacy, N.J.A.C. 13:39-1.1 et seq., and fully understand that in receiving registration from the Board, I bind myself to be governed by them.

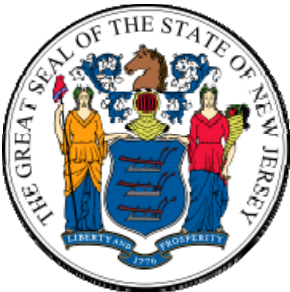
Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for registration. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Certification and Authorization Form for a Criminal History Background Check

- ☐ Complete the personal information in questions 1-4.
- ☐ Record whether you have completed the fingerprinting process for the NJDCA since November 2003, along with information regarding that process if applicable.
 - There is a fee for criminal history background checks with each licensure or certification, made in the form of a check of money order to: State of New Jersey.
- ☐ Complete question 6, regarding arrest and conviction records, making sure to submit any applicable documents as noted.

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. Last First Middle (Maiden Name)

2. Address Street or P.O. Box City State ZIP code

3. Date of birth / / Sex: ☐ Male ☐ Female
Month Day Year

4. Social Security number / /

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
If "Yes," please provide the following information and follow the instructions outlined below:
Board or committee requiring the fingerprinting Month and year you were fingerprinted

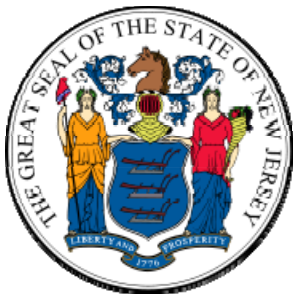
If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$17.50.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

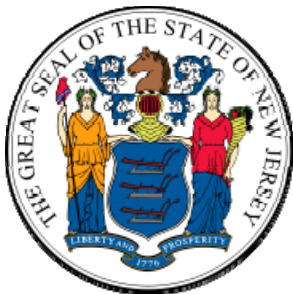
Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.



Certification

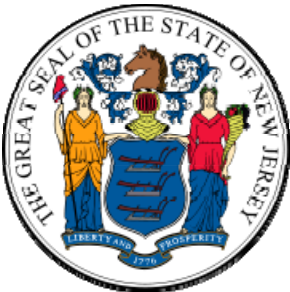
- ☐ Print the applicant's full name in the first blank.
- ☐ Sign and date the certification at the bottom of the statement.

CERTIFICATION			
<p>I, , in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.</p> <p>I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.</p> <p>I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</p> <table border="0" style="width: 100%;"><tr><td style="width: 60%;"><div style="background-color: #e6f2ff; height: 30px; margin-bottom: 5px;"></div><div style="border-top: 1px solid black; width: 100%;"></div><div style="text-align: center; font-size: 0.8em;">Signature of applicant</div></td><td style="width: 40%;"><div style="background-color: #e6f2ff; height: 30px; margin-bottom: 5px;"></div><div style="border-top: 1px solid black; width: 100%;"></div><div style="text-align: center; font-size: 0.8em;">Date</div></td></tr></table>		<div style="background-color: #e6f2ff; height: 30px; margin-bottom: 5px;"></div> <div style="border-top: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Signature of applicant</div>	<div style="background-color: #e6f2ff; height: 30px; margin-bottom: 5px;"></div> <div style="border-top: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Date</div>
<div style="background-color: #e6f2ff; height: 30px; margin-bottom: 5px;"></div> <div style="border-top: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Signature of applicant</div>	<div style="background-color: #e6f2ff; height: 30px; margin-bottom: 5px;"></div> <div style="border-top: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em;">Date</div>		



Additional Notes

- ☐ Mail completed, notarized application with photograph attached to:
 - Board of Pharmacy, 124 Halsey Street, 6th Floor, Newark, NJ 07102
- ☐ Submit fees as outlined below in the form of a check or money order made payable to the “State of New Jersey” along with your application:
 - nonrefundable application fee of \$125
- ☐ Submit legible copy of your birth certificate; if the name on your application differs from that on your birth certificate, you must provide documentation of a legal name change (marriage license, marriage certificate or court judgment)
- ☐ Attach a clear, full-face passport style photograph (2”x 2”) of your head and shoulders, taken within the past six months. A photograph is required with each application. Do not use staples to attach the photograph.



Additional Notes

- ☐ Submit an official transcript from an ACPE-accredited school or college of pharmacy or, if the applicant is a foreign graduate, certification from the FPGECC and completion of a 1,440-hour internship
- ☐ Notification of passing scores on the NAPLEX and MPJE examination for New Jersey
- ☐ Review your application for accuracy and completeness prior to submitting to Board; incomplete applications will be returned and will delay your registration

